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Name of person signing: Jocelyn Lee

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application for:

Thomas A. Silvestrini

Serial No.: 08/596,221

Filing Date: July 15, 1996

For: SEGMENTED PLIABLE
INTRASTROMAL CORNEAL INSERT

Examiner: Willse, D.

Group Art Unit: 3738

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Commissioner for Patents
Washington, D.C. 20231

PETITION AND FEE FOR EXTENSION OF TIME

(37 C.F.R. § 1.136(a))

Sir:

Pursuant to 37 C.F.R. § 1.136(a), Applicant hereby petitions for a 3 month extension of time to respond to the Office Action mailed on April 13, 2001.

1. This communication is in connection with the matter for which this extension is requested
 - a. ☒ is filed herewith; or
 - b. ☐ has been filed on _____.
2. ☒ Applicant(s) claim Small Entity Status under 37 CFR § 1.27.
3. ☒ The following fees are submitted:

	TOTAL MONTHS REQUESTED	OTHER THAN SMALL ENTITY	SMALL ENTITY	CALCULATIONS
a. <input type="checkbox"/>	one month	\$110.00	\$55.00	\$
b. <input type="checkbox"/>	two month	\$390.00	\$195.00	\$
c. <input checked="" type="checkbox"/>	three month	\$920.00	\$460.00	\$460.00
d. <input type="checkbox"/>	four month	\$1,390.00	\$695.00	\$
e. <input type="checkbox"/>	five month	\$1,890.00	\$945.00	\$
f. <input type="checkbox"/>	An extension for ____ months has already been secured for filing the above-identified communication and the fee paid therefor of \$____ is deducted from the total fee due for the total months of extension now requested. The fee for this extension (\$____), minus the fee previously paid (\$____) equals \$____ (total fee due).			\$
TOTAL FEES =				\$460.00

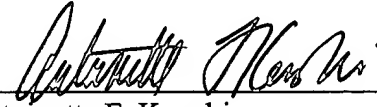
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- ☒ **Conditional Petition for Extension of Time:** An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- ☐ A check in the amount of \$ _____ to cover the above fees is enclosed.
- ☒ Please charge Deposit Account No. 50-1189, Billing Reference No. 23915-7319, in the amount of \$460.00 to cover the above-fees. *A duplicate copy of this sheet is enclosed.*
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1189, Billing Reference No. 23915-7319. *A duplicate copy of this sheet is enclosed.*

DATE: October 15, 2001

Respectfully submitted,

By: 
 Antoinette F. Konski
 Registration No.: 34,202

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